Notice of Exempt

Offering of Securities

U.S. Securities and Exchange Commission
Washington, DC 20549 MAR 1 1 2000

MAR 1 1 2009

1430845 SEC Mail Processing OMB **OMB APPROVAL** OMB Number: 3235-0076 Expires: March 31, 2009

> Estimated average burden hours per response: 4.00

(See instructions beginning on page 5) Washington, DC

Intentional misstatements or Item 1. Issuer's Identity	omissions of fact constitute federal criminal violation	G ee 18 U.S.C. 1001.
Redlasso Corporation Jurisdiction of Incorporation/Organization Delaware Year of Incorporation/Organization (Select one) Over Five Years Ago Within Last Five Years (specify year) If more than one issuer is filing this notice, check to the company of the c	this box and identify additional issuer(s) by atta	Entity Type (Select one) Corporation Limited Partnership Limited Liability Company General Partnership Business Trust Other (Specify) Charles 1 and 2 Continuation Page(s).)
Street Address 1	Street Address 2	
640 Freedorr Drive	Suite 201	
City State	e/Province/Country ZIP/Postal Code	Phone No.
King of Prussia PA		484-685-4600
Item 3. Related Persons		
Last Name	First Name	Middle Name
McGowan	Al	
Street Address 1	Street Address 2	
c/o 640 Freedom Drive	Suite 201) (1811) F13(4 (81)) F13(4 (1811) F23(1 (1811) D14 (1811) D24
City Stat	e/Province/Country ZIP/Postal Code	
King of Prussia PA	2.17.000.0000	. / (T.) / (E.) / (T.) / (E.) / (T.) / (E.) / (T.) / (E.) / (E
		09035819
Relationship(s): Executive Officer	☐ Director ☐ Promoter	
Clarification of Response (if Necessary)		
Item 4. Industry Group (Select one		and attaching Item 3 Continuation Page(s).)
AgricultureBanking and Financial Services	☐ Business Services Energy	Construction
Consmercial Banking	☐ Electric Utilities	REITS & Finance
Insurance	Energy Conservation	Other Real Estate
☐ Investing	Coal Mining	Retailing
☐ Investment Banking	☐ Environmental Services☐ Oil & Gas	☐ Restaurants
Pooled investment Fund If selecting this industry group, also select or		Technology Computers
fund type below and answer the question be		☐ Telecommunications
☐ Fredge Fund ☐ Frivate Equity Fund	Biotechnology	Other Technology
☐ Venture Capital Fund	Health Insurance	Travel
Cither Investment Fund	☐ Hospitals & Physicians ☐ Pharmaceuticals	☐ Airlines & Airports ☐ Lodging & Conventions
Is the issuer registered as an investment company under the Investment Company	Other Health Core	☐ Tourism & Travel Services
Act of 1940? ☐ Yes ☐ No	☐ Manufacturing	Other Travel
Other Banking & Financial Services	Real Estate Commercial	☐ Other
	Commercial	

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Item 5. Issuer Size (Select one)		
Revenue Range (for issuer not specifying "hedge' or "other investment" fund in Item 4 above)	•	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)
☐ No Flevenues	OR	☐ No Aggregate Net Asset Value
\$1 - \$1,000,000 .		☐ \$1 - \$5,000,000
\$1,000,000 \$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
		\$5,500,001 - \$50,000,000
\$5,000,001 - \$25,000,000		\$50,000,001 - \$100,000,000 \$50,000,001 - \$100,000,000
\$25,000,001 - \$100,000,000		Over \$100,000,000
Ove: \$100,000,000		
☑ Decline to Disclose		☐ Decline to Disclose
☐ Not Applicable		☐ Not Applicable
Item 6. Federal Exemptions and Exclusions		Select all that apply)
		pany Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1	<u> </u>
Rule 504(b)(1)(i)	Section 3(c)(2	<u> </u>
☐ Rule 504(b)(1)(ii)	Section 3(c)(3	<u> </u>
☐ Rule 504(b)(1)(iii)	Section 3(c)(4	
☐ Rule 505	Section 3(c)(5	·
⊠ Rule 506	☐ Section 3(c)(6☐ Section 3(c)(7	
Securities Act Section 4(6)	☐ Section 3(c)(7)
Item 7. Type of Filing		
New Notice OR ☐ Amendm	ent	
Date of First Sale in this Offering: Ferbuary 20, 2009	OR	First Sale Yet to Occur
Item 8. Duration of Offering		
Does the issuer intend this offering to last more than one	year? 🔲 Yes	□ No
Item 9. Type(s) of Securities Offered (Sel	ect all that ap	pply)
☐ Equity	☐ Pe	poled Investment Fund Interests
☐ Debt	□ Te	enant-in-Common Securities
Option, Warrant or Other Right to Acquire Another Security	□м	ineral Property Securities
Security to be Acquired Upon Exercise of Option,	□ o	ther (Describe)
Warrant or Other Right to Acquire Security		
	Ļ	
Item 10. Business Combination Transaction	•	
Is this offering being made in connection with a business transaction, such as a merger, acquisition or exchange of	combination] Yes □ No
Clarification of Response (if Necessary)		
	-	
	-	
	*	

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Item 11. Minimum Investment
Minimum investment accepted from any outside investor \$ 0.00
Item 12. Sales Compensation
Recipient Recipient CRD Number No CRD Number
(Associated) Brcker or Dealer None (Associated) Broker or Dealer CRD Number No CRD Number
Street Address 2 Street Address 2
Circli Address 2
City State/Province/Country ZIP/Postal Code
States of Solicitation All States
AL AK AZ AR CA CO CT DE DC FL GA HI DD
IL IN IA KS KY LA ME MD MA MI MN MS MO
MTNENYNHNJNMNYNCNDOHOKORPA
RI SC SD TN TX UT VT VA WA WA WW WI WI WY PR
(Identify additional person(s) being paid compensation by checking this box 🔲 and attaching Item 12 Continuation Page(s).)
Item 13. Offering and Sales Amounts
(a) Total Offering Amount \$\\$250,000.00 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(b) Total Amount Sold \$ \$100,000.00
(c) Total Remaining to be Sold (Subtract (a) from (b)) Subtract (a) from (b)) OR Indefinite
Clarification of Response (if Necessary)
Item 14. Investors
Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the
number of such non-accredited investors who already have invested in the offering:
Enter the total number of investors who already have invested in the offering:
Item 15. Sales Commissions and Finders' Fees Expenses
Provide separa:ely the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box riext to the amount.
Sales Commissions \$
Finders' Fees \$ Estimate
Clarification of Response (if Necessary)

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Item 16. Use of Proceeds				
Provide the amount of the gross proceeds of the offering that has been or is be used for payments to any of the persons required to be named as execudirectors or promoters in response to Item 3 above. If the amount is unknown estimate and check the box next to the amount.	tive officers,	\$	0.00	☐ Estimate
Clarification of Response (if Necessary)				
Signature and Submission				
Please verify the information you have entered and review the Ter	ms of Submission	on t	elow before sign	ing and submitting this notice.
Terms of Submission. In Submitting this notice, each identific	ed issuer is:			
Notifying the SEC and/or each State in which this notice undertaking to furnish them, upon written request, in accordance was a secondary or secondary to the secondary of the s			_	· ·
Irrevocably appointing each of the Secretary of the SEC the State in which the issuer maintains its principal place of busine process, and agreeing that these persons may accept service on it such service may be made by registered or certified mail, in any Fragainst the issuer in any place subject to the jurisdiction of the Unit activity in connection with the offering of securities that is the subject provisions of: (i) the Securities Act of 1933, the Securities Exchange Company Act of 1940, or the Investment Advisers Act of 1940, or State in which the issuer maintains its principal place of business of	ess and any Stat ts behalf, of any ederal or state a ted States, if the ect of this notice, ge Act of 1934, t any rule or regul	e in no action action action action lation	n which this notice tice, process or p on, administrative stion, proceeding ad (b) is founded, Trust Indenture A on under any of the	e is filed, as its agents for service of eleading, and further agreeing that proceeding, or arbitration brought or arbitration (a) arises out of any directly or indirectly, upon the act of 1939, the Investment nese statutes; or (ii) the laws of the
Certifying that, if the issuer is claiming a Rule 505 exempthe reasons stated in Rule 505(b)(2)(iii).	otion, the issuer	is n	ot disqualified fro	rm relying on Rule 505 for one of
* This undertaking does not affect any limits Section 102(a) of the National 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require in "covered securities" for purposes of NSMIA, whether in all instances or due routinely require offering materials under this undertaking or otherwise and under NSMIA's preservation of their anti-fraud authority.	nformation. As a re to the nature of th	esul ne o	t, if the securities th Ifering that is the su	at are the subject of this Form D are ubject of this Form D, States cannot
Each identified issuer has read this notice, knows the contents to tundersigned duly authorized person. (Check this box and attaction 1 above but not represented by signer below.)				
lssunn(s)	Name of Sigr	ner		
Rediasso Corporation	Al McGowan			
Signature	Title			
D/Mya-	Chief Operatir	ng (Officer	
//			•	Date
Number of continuation pages attached: 2				3/5/10

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
McKusker	James	
Street Address 1	Street Address 2	
640 Freedom Drive	Suite 201	
City State/Prov	ince/Country ZIP/Postal Code	
King of Prussia PA	19406	
Relationship(s):	Promoter Director	
Clarification of Response (if Necessary)		· · · · · · · · · · · · · · · · · · ·
,		
	First Name Ken	Middle Name
Street Address 1 640 Freedom Drive	Street Address 2 Suite 201	
City State/Prov King of Prussia PA	ince/Country ZIP/Postal Code 19406	
	Promoter Director	
Clarification of Response (if Necessary)		
	······································	•••••
Last Name	First Name	Middle Name
Conners	William	
Street Address 1	Street Address 2	
c/o 640 Freedom Drive	Suite 201	
	ince/Country ZIP/Postal Code	
King of Prussia PA	19406	
Relationship(s): Executive Officer	Promoter Director	•
Clarification of Response (if Necessary)		
Last Name	First Name	Middle Name
	Michael	
Street Address 1	Street Address 2	
c/o 640 Freedom Drive	Suite 201	
City State/Prov	ince/Country ZIP/Postal Code	
King of Prussia PA	19406	
Relationship(s): Executive Officer	Promoter Director	
Clarification of Response (if Necessary)	ZA DILOGOI	
Ciamication of Response (if Necessary)		

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Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Adelson	Robert	W.
Street Address 1 c/o Osage Venture Partners		eet Address 2 Monument Road, Suite 201
City	State/Province/Country ZIP/	//Postal Code
Bala Cynwyd	PA 1900	···
Relationship(s):		ector
Last Name	First Name	Middle Name
Street Address 1	Stre	eet Address 2
City	State/Province/Country ZIP/	//Postal Code
Relationship(s): Executive (Clarification of Response (if Necessary)		ector
Last Name	First Name	Middle Name
Street Address 1	Stre	eet Address 2
City	State/Province/Country ZIP/	P/Postal Code
Relationship(s): Executive (Clarification of Response (if Necessary)		ector
		ector Middle Name
Clarification of Response (if Necessary)	First Name	
Clarification of Response (if Necessary) Last Name	First Name Stre	Middle Name

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